

PTO/SB/82 (09-04)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/685,841
Filing Date	10/15/2003
First Named Inventor	Shun-Bin LIN
Art Unit	2821
Examiner Name	HO, Jan
Attorney Docket Number	1035-01006

I hereby revo	oke all pro	evious powers of attornev given	in the	above-	identified applic	ation.	-
A Power	r of Attorn	ney is submitted herewith.					
· OR							
	y appoint	the practitioners associated with th	e Cust	tomer N	umber:		
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Please c	hange the	e correspondence address for the a	above-i	identifie	d application to:		
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	e address stomer Nu	associated with mber:					
OR Firm on							
Firm or Individua	al Name	Leong C. LEI					
Address							
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City		Walnut Creek	State	CA		Zip	94598
Country		U.S.A.					_
Telephone		905 812 9381		Fax	905 286 9781		
I am the:	-				1000 200 0.0.		
Applica	ant/Inven	tor.					
Assignee of record of the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
		SIGNATURE of Applicant	or As	signee	of Record		
Signature	Sh	un Bin din					
Name S	hun-Bin L	IN					
Data	ebruary 1		T	elephor	ie	-	
NOTE: Signatures of signature is required		ntors or assignees of record of the entire interest o	r their rep	oresentativ	e(s) are required. Submi	t multiple	forms if more than one
*Total of		forms are submitted.					

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Application Number	10/685,841
Filing Date	10/15/2003
First Named Inventor	Tzong-Wei UEN
Art Unit	2821
Examiner Name	HO, Jan
Attorney Docket Number	1035-01006

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I hereby revoke all pre	evious powers of attorney given in	n the ab	ove-	dentified applic	ation.	
A Power of Attorn	ney is submitted herewith.					-
OR						
□ I hereby appoint	the practitioners associated with the	Custon	ner N	umber:		
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The address Customer Nu	associated with imber:					
OR						
Firm <i>or</i>	Leong C. LEI					
Address						
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City	Walnut Creek	State	CA		Zip	94598
Country	U.S.A.					
Telephone	905 812 9381		Fax	905 286 9781		
I am the: Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature	a Wei Ven.					
Name Tzong-Wei						
Date February 1	16, 2005		ephon			
NOTE: Signatures of all the inver- signature is required, see below*.	ntors or assignees of record of the entire interest or	their repres	sentative	e(s) are required. Submi	it multiple	forms if more than one
 	forms are submitted.	-				

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

red to respond to a collection of information differs it displays a valid ONIB control number.					
10/685,841					
10/15/2003					
Tzong-Wei UEN					
Induction antenna loop for					
2821					
HO, Jan					
1035-01006					

I hereby revoke all previous powers of attorney given in the above-identified application.						
I hereby appoint:	•					
Practitioners associated with the Customer Number: OR						
Practitioner(s) na	imed be	low:				
,		Name		Registra	ition Numbe	ır.
Leong C. Li	FI		50402			
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as my/our attorney(s) or Trademark Office conne	r agent(: ected the	s) to prosecute the application identified erewith.	d above, and to	transact all busir	ness in the l	Jnited States Patent and
Please recognize or cha	ange the	correspondence address for the abov	e-identified app	lication to:		
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The address a	associat	ed with Customer Number:				
OR						
Firm or Individual N	lame	Leong C. LEI				
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City		Walnut Creek U.S.A	State	CA		Zip 94598
Telephone		905 812 9381	Fax	905 286 97	81	
lam the:						
Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature	12	one Wer Ven	.		Date	February 16, 2005
Name	Tzong	-Wei/UEN			Telephone	
Title and Company						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
*Total of		forms are submitted.				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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POWER OF ATTORNEY CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/685,841	
Filing Date	10/15/2003	
First Named Inventor	Shun-Bin LIN	
Title	Induction antenna loop for	
Art Unit	2821	
Examiner Name	HO, Jan	
Attorney Docket Number	1035-01006	

I hereby revoke all previous powers of attorney given in the above-identified application.						
I hereby appoint:	р. с					
Practitioners associated with the Customer Number:						
OR						
Practitioner(s)	named be	elow:				
		Name		Regis	tration Numbe	er
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Leong C.			30402			
			 			
as my/our attorney(s) Trademark Office con	or agent(nected th	(s) to prosecute the application identifie nerewith.	d above, and to	transact all bu	siness in the	United States Patent and
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OR						
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Firm or Individual	Name	Leong C. LEI				
Address						
0.1	PMB#1008, 1867 Ygnacio Valley Road					
City Country		Walnut Creek U.S.A	State	CA	<u></u>]	Zip 94598
Telephone		905 812 9381	Fax	905 286 9	781	
l <u>am</u> the:				1		
Applicant/Inv	entor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature		Shun Bin din			Date	February 16, 2005
Name	Shun-	-Bin LIN			Telephone	
Title and Company						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
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